

Fill in this information to identify your case:

Debtor 1 **Richard E. Yunker**
First Name Middle Name Last Name
 Debtor 2 **Julia R. Yunker**
(Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the District of Massachusetts
 Case number **20-10895**
(If known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 190 Norfolk Ave. Swampscott, Ma Line from <i>Schedule A/B</i> : 1.1	\$476,179.00	<input checked="" type="checkbox"/> \$ 100,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 188, s. 1
Brief description: 2018 Dodge Durango Line from <i>Schedule A/B</i> : 3.1	\$25,300.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(16)
Brief description: 2016 Hyundai SF Line from <i>Schedule A/B</i> : 3.2	\$14,625.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(16)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 **Richard E. Yunker**
First Name Middle Name Last Name

Case number (if known) **20-10895**

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: 2015 Chevrolet Line from Schedule A/B: 3.3	\$ 8,125.00	<input checked="" type="checkbox"/> \$ 8,125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(16)
Brief description: Household Goods Line from Schedule A/B: 6	\$ 2,000.00	<input checked="" type="checkbox"/> \$ 2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(2)
Brief description: Computer, etc. Line from Schedule A/B: 7	\$ 700.00	<input checked="" type="checkbox"/> \$ 700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(17)
Brief description: Books/Decor Line from Schedule A/B: 8	\$ 250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(17)
Brief description: used handgun Line from Schedule A/B: 10	\$ 600.00	<input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(17)
Brief description: Used Clothing Line from Schedule A/B: 11	\$ 500.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	34 M.G.L. c. 235, s. (1)
Brief description: Used Jewelry Line from Schedule A/B: 12	\$ 200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	34 M.G.L. c. 235, s. (18)
Brief description: Cash Line from Schedule A/B: 16	\$ 40.00	<input checked="" type="checkbox"/> \$ 40.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(15)
Brief description: Checking Line from Schedule A/B: 17.1, 17.2	\$ 0.00	<input checked="" type="checkbox"/> \$ 1000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(15)
Brief description: Claim v. Chrysler Cap. Line from Schedule A/B: 33	\$ unknown	<input checked="" type="checkbox"/> \$ 10,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	M.G.L. c. 235, s. 34(17)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 **Richard Yunker**
First Name Middle Name Last Name
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(Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: District of Massachusetts
 Case number **20-10895**
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	---

2.1 **Wilmington Savings**
Creditor's Name
5 Commonwealth Rd.
Number Street
Natick, MA 01760
City State ZIP Code
 Describe the property that secures the claim:
190 Norfolk Ave.
Swampscott, MA
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)
 Who owes the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred _____ Last 4 digits of account number **1502**

\$ **410,279.07** \$ **476,179** \$ **0.00**

2.2 **American Credit Acc.**
Creditor's Name
961 E. Main St.
Number Street
Spartanburg, SC 20302
City State ZIP Code
 Describe the property that secures the claim:
2018 Dodge
 As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed
 Nature of lien. Check all that apply.
☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)
 Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt
 Date debt was incurred _____ Last 4 digits of account number **3226**

\$ **33,859.59** \$ **25,300.00** \$ **8,559.59**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ **444,138.66**

Debtor 1 **Richard Yunker**

First Name Middle Name Last Name

Case number (if known) **20-10895**

Part 1: Additional Page
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
21,577.56	14,625.00	6,952.56

Wells Fargo
Creditor's Name
PO Box 130000
Number Street
Raleigh, NC 27605
City State ZIP Code

Describe the property that secures the claim:

2016 Hyundai

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **1194**

Creditor's Name
Number Street
City State ZIP Code

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Creditor's Name
Number Street
City State ZIP Code

Describe the property that secures the claim:

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$21,577.56

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$465,716.22

Debtor 1

Richard E. Yunker

First Name Middle Name Last Name

Case number (if known) **20-10895**

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

2.1 FCI Lender Services, Inc.,

Name

PO box 28720

Number Street

Anaheim CA 92809

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number **1502**

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐

Name

Number Street

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

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Fill in this information to identify your case:

Debtor 1 **Richard E. Yunker**
First Name Middle Name Last Name
 Debtor 2 **Julia R. Yunker**
(Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: District of Massachusetts
 Case number **20-10895**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 **Massachusetts Dept. Rev.** Last 4 digits of account number **3226** **\$132.25** **\$98.57** **\$33.68**

Priority Creditor's Name
PO Box 9564
Number Street

Boston, MA 02114
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other Specify _____

2.2 Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____

Priority Creditor's Name

Number Street

City _____ State _____ ZIP Code _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other Specify _____

Debtor 1 **Richard E. Yunker** Case number (if known) **20-10895**
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Ally Financial <small>Nonpriority Creditor's Name</small> 500 Woodward Ave. <small>Number Street</small> Detroit, MI 48226 <small>City State ZIP Code</small>	Last 4 digits of account number <u>2522</u> When was the debt incurred? <u>7/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Auto Deficiency</u>	\$ 12,042.60
4.2	Capital One Bank, N.A. <small>Nonpriority Creditor's Name</small> PO Box 71083 <small>Number Street</small> Charlotte, NC 28272 <small>City State ZIP Code</small>	Last 4 digits of account number <u>9417</u> When was the debt incurred? <u>7/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$ 512.81
4.3	Credit One Bank, N.A. <small>Nonpriority Creditor's Name</small> PO Box 98873 <small>Number Street</small> Las Vegas, NV 89193 <small>City State ZIP Code</small>	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>	\$ 712.00

Debtor 1

Richard E. Yunker

First Name Middle Name Last Name

Case number (if known) **20-10895**

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 First Premier Bank

Nonpriority Creditor's Name

PO Box 5524

Number Street

Sioux Falls, SD 57117

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number _____

\$ **472.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Credit Card**

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Debtor 1

Richard E. Yunker

First Name

Middle Name

Last Name

Case number (if known) **20-10895**

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 98.57
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 98.57

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 13,773.09
	6j. Total. Add lines 6f through 6i.	6j. \$ 13,773.09

Print

Save As...

Add Attachment

Reset

Fill in this information to identify your case:

Debtor **Richard E. Yunker**
First Name Middle Name Last Name
Debtor 2 **Julia R. Yunker**
(Spouse If filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: District of Massachusetts
Case number **20-10895**
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name
Number Street
City State ZIP Code

2.2

Name
Number Street
City State ZIP Code

2.3

Name
Number Street
City State ZIP Code

2.4

Name
Number Street
City State ZIP Code

2.5

Name
Number Street
City State ZIP Code

Fill in this information to identify your case:

Debtor 1 **Richard E. Yunker**
First Name Middle Name Last Name

Debtor 2 **Julia R. Yunker**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Massachusetts

Case number **20-10895**
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 **Richard E. Yunker**
First Name Middle Name Last Name
 Debtor 2 **Julia R. Yunker**
(Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the District of Massachusetts
 Case number **20-10895**
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

☐ Employed
☒ Not employed

Occupation

Emergency Medical Serv. N/A

Employer's name

Town of Norfolk

Employer's address

117 Main Street

Number Street

Number Street

Norfolk, MA 02056

City State ZIP Code

City State ZIP Code

How long employed there? **15 years**

N/A

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ 11,397.22	\$ 0.00
3. Estimate and list monthly overtime pay.	+ \$ 0.00	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	11,397.22	\$0.00

Richard E. Yunker

20-10895

Debtor 1

Case number (if known)

First Name Middle Name Last Name

Copy line 4 here

→ 4.

For Debtor 1

For Debtor 2 or
non-filing spouse

11,397.22

\$0.00

5 List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions

5a. 1,633.09

\$0.00

5b. Mandatory contributions for retirement plans

5b. 767.23

\$0.00

5c. Voluntary contributions for retirement plans

5c. 0.00

\$0.00

5d. Required repayments of retirement fund loans

5d. 0.00

\$0.00

5e. Insurance

5e. 991.76

\$0.00

5f. Domestic support obligations

5f. \$0.00

\$0.00

5g. Union dues

5g. 232.15

\$0.00

5h. Other deductions. Specify: FSA

5h. + \$259.63

+ \$0.00

6 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.

6. 3,883.77

\$0.00

7 Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. 7,513.45

\$0.00

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$0.00

\$0.00

8b. Interest and dividends

8b. \$0.00

\$0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$0.00

512.50

8d. Unemployment compensation

8d. \$0.00

\$0.00

8e. Social Security

8e. \$0.00

\$939.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$0.00

\$0.00

8g. Pension or retirement income

8g. \$0.00

\$0.00

8h. Other monthly income. Specify: _____

8h. + \$0.00

+ \$0.00

9 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$0.00

\$0.00

10 Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$7,513.45

\$1,451.50

\$8,964.95

11 State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. + \$0.00

12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12.

\$8,964.95

Combined
monthly income

13 Do you expect an increase or decrease within the year after you file this form?

☒ No.

☐ Yes. Explain: _____